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DECLARATION F				David M. H	leffelfinger					
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i believe I am the original, furnames are listed below) of the PHOTON EFFICIE  the specification of which is attached hereto OR was filed on (MM/DD Application Number I hereby state that I have revamended by any amendment I acknowledge the duty to dis	he subject matter which is che ENT SCANNER  (Title  DYYYY)  and was reewed and understand the count is specifically referred to above	armed and for which a pate of the Invention)  as United amended on (MM/DD/Y) ontents of the above identifier	d States Applic	cation Number or i	PCT International  (if applicable)					
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[Page 1 of 2]
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# **DECLARATION** — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application													
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	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/S8/02C attached hereto  Direct all correspondence to:   Customer Number 003897												
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David M.						1	Heffelfir	nger	<u>.</u>				
Inventor's Signature		Daci	id	U-De	Ph	&	12	e_			Date	<i>७/14/व्स</i>	
Residence: (	City	Oakland		State	CA	Υ,	Country	U.S.A.			Citizenship	U.S.A.	
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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if an	у:		A petition has been filed for this unsigned inventor							
Given Na	me (first and middle [if any]	)		Family Name or Surname							
Aram P.				Scl	Schiffman						
Inventor's Signature								Date	,		
Residence: City	San Ramon	State	CA		Country	U.S.A.		Citizen	ship	J.S.A.	
Post Office Address	49 Nead Place										
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Name of Additional Joint Inventor, if any:									entor		
Given Name (first and middle [if any])						Family Nar	Family Name or Surname				
Bala S.	la S.					n					
Inventor's Signature								D:	ate		
Residence: City	Los Altos Hills	State	CA		Country	U.S.A.		Citize	nship	U.S.A.	
Post Office Address	14240 Berry Hill Co	urt									
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Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for t	his unsig	ned inv	entor	
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	with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

	As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled											
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the specification of which (Title of the Invention)  Is attached hereto OR											
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I hereby state that I have review amended by any amendment sp			ified specificatio	n, including the o	claims, as						
I acknowledge the duty to disclo			defined in 37 CF	R 1 56							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed											
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David M.								Н	effelt	fing	er				
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City	·	Oakland	State	CA			ZIP	94	4605			Cou	intry	U.S.A.	

Additional inventors are being named on the \_1\_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Addition	al Joint Inventor, if an	ıy:		A petition has been filed for this unsigned inventor						
Given Nar	ne (first and middle [if any]	)		Family Name or Surname						
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Inventor's Signature	Many	Mray	<u> </u>		0			06/21/ Date	q	·
Residence: City	San Ramon	State	CA	c	ountry	U.S.A.		Citizensl	ip	J.S.A.
Post Office Address	49 Nead Place									
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Residence: City	Los Altos Hills	State	CA	c	Country	U.S.A.		Citizen	ship	U.S.A
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